

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 356071 (1)

1. Corporation Name
TAMPA TELEVISION, INC.



Principal Place of Business: **905 EAST JACKSON STREET TAMPA FL 33602**
Mailing Address: **905 EAST JACKSON STREET TAMPA FL 33602**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1969	3a. Date of Last Report 04/13/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1297243	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ZIMMERMAN, JAMES A 2107 TRAPNELL RD PLANT CITY 33566				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CATOE, W PAUL		1.2 NAME				
STREET ADDRESS	4634 WESTFORD CT		1.3 STREET ADDRESS				
CITY-STATE-ZIP	TAMPA FL		1.4 CITY-STATE-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZIMMERMAN, JAMES A		2.2 NAME				
STREET ADDRESS	2107 TRAPNELL RD.		2.3 STREET ADDRESS				
CITY-STATE-ZIP	PLANT CITY FL		2.4 CITY-STATE-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MORTON, MARSHALL N		3.2 NAME				
STREET ADDRESS	333 E GRACE ST		3.3 STREET ADDRESS				
CITY-STATE-ZIP	RICHMOND VA		3.4 CITY-STATE-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRYAN, J STEWART III		4.2 NAME				
STREET ADDRESS	333 E GRACE ST		4.3 STREET ADDRESS				
CITY-STATE-ZIP	RICHMOND VA		4.4 CITY-STATE-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DEICHMAN, EDWARD H JR.		5.2 NAME				
STREET ADDRESS	9258 DAYFLOWER DR		5.3 STREET ADDRESS				
CITY-STATE-ZIP	TAMPA FL		5.4 CITY-STATE-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HILL, W. A		6.2 NAME				
STREET ADDRESS	15124 SPRINGVIEW ST		6.3 STREET ADDRESS				
CITY-STATE-ZIP	TAMPA FL		6.4 CITY-STATE-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Edward H. Deichman, Jr.* **Edward H. Deichman, Jr.**
Vice President **1/25/96 (813)-228-8888**
Date Daytime Phone #

CR2E034 (12/95)